

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			8/20/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>LJ</i>		8-20-00

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	6/28/00
2			7/1/00
3			7/1/00
4			
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19			
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22			
23	✓	✓	✓
24	✓	✓	✓
25	✓	✓	✓
26	✓	✓	✓
27	✓	✓	✓
28	✓	✓	✓
29	✓	✓	✓
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45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Final	Original	Date
51	✓	✓	6/28/00
52	✓	✓	7/1/00
53	✓	✓	7/1/00
54	✓	✓	7/1/00
55	✓	✓	7/1/00
56	✓	✓	7/1/00
57	✓	✓	✓
58	✓	✓	✓
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here